

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <b>X Beverly Simmons</b></p> <p>B. Received by (Printed Name) <b>Beverly Simmons</b></p> <p>C. Date of Delivery <b>2/2/0</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>U.S. DISTRICT COURT FEB - 3 FILED B 88</p>	
<p>1. Article Addressed to:</p> <p>Chawick Wise 317 W. Market St. Athens, AL 35612</p> <p>2:10CV134 HGD</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from serv) <b>7008 0150 0001 7526 2130</b></p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

